

Testimony of

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I am here today representing the Federation of American Societies for Experimental Biology or FASEB, a coalition of 21 scientific societies representing more than 80,000 biomedical researchers. It is an honor to appear before this Committee to support the reauthorization of the National Institutes of Health – the world’s leading biomedical research organization.

A half-century of sustained public investment in NIH has dramatically advanced the health and improved the lives of the American people and of people around the globe. Mr. Chairman, it is my privilege today, on behalf of FASEB and the biomedical research community, to thank you and the members of Committee for your leadership and your continuing commitment to NIH. In reauthorizing this critical agency, you have outlined a vision for increased transparency, commonsense accountability and innovative progress in our battle against the scourge of diseases and for meeting our most pressing public health needs.

Through actively seeking input from the research community, you have developed a model for NIH that both improves upon the current system and preserves those aspects that have allowed NIH to achieve its global preeminence in medical research. The research community spoke, you listened, and we want to express our appreciation for your efforts and consideration.

The scientific community is especially grateful for your determination to authorize increases in NIH funding for each of the three years covered by your draft legislation. The enormous promise of medical and scientific research – in both lifesaving and economic terms – will not be realized without such support. Your championing of NIH funding at a sustainable level, above the cost of inflation, is enormously important.

On behalf of FASEB, and as a physician scientist myself, I want to applaud your outstanding leadership in calling on the NIH to emphasize and preserve investigator-initiated, competitive, peer reviewed grants. This mechanism allows highly skilled scientists to propose the direction and priorities for further research, based on their own expertise and insight. Investigator-initiated, competitive research has proven extraordinarily successful in generating the research discoveries that have led to some of our most effective medical treatments.

To illustrate this point I would like to provide a few examples of what investigator-initiated research really means: scientists all across the country using the evidence at hand and their own creative abilities to generate new ideas to solve serious health problems. Investigator-initiated research has identified the BRCA 1 and 2 genes, which put women at very high risk for breast cancer, and has given us tamoxifen, letrozole and Herceptin to treat breast cancer. It has led us to clot busting drugs to halt heart attacks and statins and high blood pressure medications to protect us from heart disease. Premature infants are able to draw breath thanks to surfactant, discovered by a researcher trying to understand how lungs work. Insulin for diabetes, acyclovir for viruses, the HIV “triple cocktail,” Gleevec for leukemia – all of these breakthroughs, and many more, resulted from individual scientists pursuing questions of interest and importance and putting the

pieces together to save and extend the lives of millions of people each year. Our nation trains and attracts the best scientific talent in the world; allowing these researchers' intrepid imaginations to set the course of discovery is the best way to improve health and well-being.

FASEB believes wholeheartedly that by placing most of its resources in investigator-initiated peer reviewed research, NIH ensures that federal taxpayers' dollars support the best science. However, we also recognize that challenges arise that require larger scale resources or a multi-disciplinary approach. This is why FASEB supports the establishment of a "common fund" for research focused on critical public health challenges and evolving areas of scientific opportunities as well as its growth to a final level of five percent. Clearly, discoveries in one field may have broad application to a host of diseases, which is consistent with the idea of supporting cross-cutting, multiple-institute research.

In discussing the "common fund" concept, my colleagues within FASEB were able to name a number of ongoing projects that we believe fit the vision and spirit of the "common fund," as articulated by the NIH Reform Act. The Neuroscience Blueprint, Obesity Initiative, Clinical and Translational Science Awards, Pathways to Independence grants for first-time investigators, the creation of trans-NIH genomics resources, and studies related to the interaction of genes and environment are all currently being funded or under consideration by the institutes and centers. We hope that institutes and centers will be able to seek resources from the "common fund" to dedicate to these and other collaborative efforts.

We also strongly recommend that the vastly increased common fund resources be used to fund trans-NIH priorities such as funding for first-time investigators and loan repayment programs that encourage physician-scientists to stay in research. Continuing to attract new investigators is key to maintaining the vitality of the biomedical workforce, and with growing constraints on the NIH budget we believe that there is no better use for the common fund resources than the creation of a sufficient pool of resources for new investigators. This is particularly crucial now, as we try to keep our most talented young investigators in the pipeline by ensuring independent research support is available to them.

FASEB also strongly endorses your proposal to create an infrastructure to evaluate the NIH research portfolio to ensure that urgent public health needs and scientific opportunities are addressed in a timely manner. The reporting system which you have outlined will provide increased transparency and accountability.

This more transparent administrative structure would make NIH more accessible to the external community. Patient groups and researchers would have better access to information and have more direct input on program design. Because NIH funding is supported by federal tax dollars, it is essential that the agency inform both the public and elected representatives of the value of the research it supports. It is also critically important that NIH inform the public and members of Congress that the path to

preventing and curing human disease requires a sustained and long-term investment in basic and clinical research.

It is clear that we all share a mutual desire to improve our nation's health and well-being through the lifesaving research funded by NIH. NIH-supported research represents a dual investment in the future of our nation: first, by helping to assure the health, security and quality of life of our citizens; and second, by training the current – and future – scientific and technical workforce needed to maintain our progress and keep the United States the world leader in biomedical research. In endorsing NIH reauthorization, FASEB is proud to join with you in paving the way for reinvigorated investment in medical research.

Mr. Chairman, FASEB and the scientists we represent are grateful for your sustained leadership to assure that NIH continues to excel in supporting the highest quality medical science. Although we have only had a short time to review the bill itself, and would welcome the opportunity to comment further in writing on some of the finer details of the language, we stand ready to work with you and your staff to move this important piece of legislation forward.